REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT This report complies with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998						
DATE OF EXAMINATION: 19/02/2025 DAT	E OF REPORT:	20/02/2025	REPORT No:	MPL 0152C		
Address of employer for whom the thorough	Addres	s of premises at whic	h the examination was	made:		
examination was made:		•				
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP				
Name:						
Description & Identification of the Equipment	Saf	e Working Load(s)	Date of Manufacture	Date of Last		
			if Known	Thorough Examination		
1-OFF TRUCK STAGE 8M X 5M FITTED TO VEHICLE VOLVO F7		5000KG		19-2-2024		
I.D. NO: 004		EVENLY	N/K			
REG NO: FKK 677V	1	DISTRIBUTED				
YES	NO			YES NO		
Is this the first examination after the installation	-	examination carried out:		TES NO		
Or after assembly at the new site or location	Within an interval of 6 months					
If the answer to above question is YES	n interval of 12 months lance with the examinati	on Scheme	X			
Has the equipment been installed correctly	After the	occurrence of exception	al circumstances			
Identification of any part found to have a defect which is	or could becon	ne a danger to persons a	and a description of the de	fect		
		DNE	·			
Is the above an existing or imminent danger to persons	*NOTE- This is	a reportable defect:		YES NO		
Is the above a defect which is not yet but could become	a danger to pe	rsons: (if yes state the d	ay) YES BY:	NO X		
Particulars of any repair, renewal or alteration requi	red to remedy	the defect identified ab	oove:			
	NC	DNE				
Particulars of any tests carried out as part of the examination: (if none state NONE) *RECOMMENDED TO BE INSPECTED ON A SIX MONTHLY BASIS THOROUGH VISUAL LOLER EXAMINATION ONLY						
				YES NO		
IS THE EQUIPMENT SAFE TO OPERATE:				X		
Name of Company Approved and Qualified Examiner making this report:	· · · · · · · · · · · · · · · · · · ·					
D. TRANTER/ S. BRAY	D. TRANTER/ S. BRAY Signature: D TRANTER 19/02/2026					
E.C. DECLARATION OF	•		UPON REQUEST			
Name and address of employer of persons making and authenticating this report as per the header above						

REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT This report complies with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998								
DATE OF EXAMINATION: 19/02/2025	DATE OF F	REPORT:	20/02/2025	REPORT No:	MPL 0152D			
Address of employer for whom the thoroug	ıh	Address	of premises at whic	h the examination was	made:			
examination was made:								
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP			STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP					
Name:								
Description & Identification of the Equipment		Safe	Working Load(s)	Date of Manufacture if	Date of Last Thorough			
1-OFF PORTABLE TRANSPORTATION TRA	AILER		2600KG	Known	Examination			
I.D. NO: 5158 (007)				N/K	19-2-2024			
YI	ES NO				YES NO			
Is this the first examination after the installation		Was the e	xamination carried out:					
			Within an interval of 6 months Within an interval of 12 months X					
If the answer to above question is YES		In accordance with the examination Scheme						
Has the equipment been installed correctly			After the occurrence of exceptional circumstances					
Identification of any part found to have a defect wh	nich is or co	uld become	e a danger to persons a	and a description of the de	fect			
JOCKEY W	HEEL ANI	D HAND E	RAKE REQUIRE AT	TENTION				
Is the above an existing or imminent danger to per	sons *NOT	E- This is a	a reportable defect:		YES NO			
Is the above a defect which is not yet but could be	come a dar	nger to pers	sons: (if yes state the da	ay) YES BY:	NO X			
Particulars of any repair, renewal or alteration required to remedy the defect identified above: *PLEASE NOTE MECHANICAL HAND WINCH NOT OPERATIONAL & OUT OF SERVICE AS ABOVE								
Particulars of any tests carried out as part of th		•	,					
THOR	OUGH VIS	SUAL LOL	ER EXAMINATION C	DNLY				
IS THE EQUIPMENT SAFE TO OPERATI	E:				YES NO			
Name of Company Approved and Qualified Examiner making this report:		erson Aut	henticating this report		nich next thorough ist be carried out:			
D. TRANTER/ S.BRAY	AY Signature: D TRANTER				2/2026			
E.C. DECLARATIO		•	ON FILE AVAILABLE	UPON REQUEST				
Name and address of em	ployer of perso	Name and address of employer of persons making and authenticating this report as per the header above						

REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT This report complies with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998							
DATE OF EXAMINATION: 19/02/2025 DAT	E OF REPORT:	20/02/2025	REPORT No:	MPL0152E			
Address of employer for whom the thorough	Addres	s of premises at whic	h the examination was	s made:			
examination was made:		•					
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP					
Name:							
Description & Identification of the Equipment	Sat	fe Working Load(s)	Date of Manufacture	Date of Last			
1-OFF STAGE BUS 4.9M X 4.5M FITTED TO VEHICLE MCW METROBUS		3000KG EVENLY	if Known N/K	Thorough Examination 20/02/2024			
I.D. NO: 001		DISTRIBUTED					
REG NO: D920 NDA		DISTRIBUTED					
YES	NO			YES NO			
Is this the first examination after the installation	-	examination carried out:					
Or after assembly at the new site or location Within an interval of 6 months Within an interval of 12 months							
If the answer to above question is YES In accordance with the examination S							
Has the equipment been installed correctly			al circumstances				
Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect							
	NO 1 WINCH WIRE ROPE DAMAGED NO 2 DAMAGE TO FRONT FLOOR/SIDE SKIRT						
Is the above an existing or imminent danger to persons	*NOTE- This is	a reportable defect:		YES NO			
Is the above a defect which is not yet but could become	e a danger to pe	ersons: (if yes state the d	ay) YES BY:	NO X			
Particulars of any repair, renewal or alteration require	red to remedy	the defect identified ab	ove:				
NO 1 REPLACE WINCH ROPE NO 2 REPLACE DAMAGED FLOOR Particulars of any tests carried out as part of the examination: (if none state NONE) *RECOMMENDED TO BE INSPECTED ON A SIX MONTHLY BASIS THOROUGH VISUAL LOLER EXAMINATION ONLY							
				YES NO			
IS THE EQUIPMENT SAFE TO OPERATE:				x			
Name of Company Approved and Qualified Examiner making this report:		hich next thorough ist be carried out:					
D. TRANTER/ S.BRAY	D. TRANTER/ S.BRAY Signature: D TRANTER 19/02/2026						
E.C. DECLARATION OF	•						
Name and address of employer of persons making and authenticating this report as per the header above							

REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT This report complies with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998							
DATE OF EXAMINATION: 19/02/2025 DAT	ATE OF REPORT : 20/02/2025		REPORT No:	MPL 0152F			
Address of employer for whom the thorough examination was made:	Addres	s of premises at whic	ch the examination was	made:			
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP					
Name:							
Description & Identification of the Equipment	Sat	e Working Load(s)	Date of Manufacture if Known	Date of Last Thorough Examination			
1-OFF STAGE BOX 4 6M X 4.M		4000KG	KIIOWII				
I.D. NO: 0012		EVENLY	2024	19-2-2024			
		DISTRIBUTED					
YES	NO Was the	examination carried out:		YES NO			
Or after assembly at the new site or location	/ithin an interval of 6 months //ithin an interval of 12 months X						
If the answer to above question is YES	dance with the examinati						
Has the equipment been installed correctly							
Identification of any part found to have a defect which is	I Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect						
	N	ONE					
Is the above an existing or imminent danger to persons	*NOTE- This is	a reportable defect:		YES NO			
Is the above a defect which is not yet but could become	e a danger to pe	rsons: (if yes state the d	ay) YES BY:	NO X			
Particulars of any repair, renewal or alteration requi	red to remedy	the defect identified ab	oove:				
	N	ONE					
Particulars of any tests carried out as part of the examination: (if none state NONE) *RECOMMENDED TO BE INSPECTED ON A SIX MONTHLY BASIS THOROUGH VISUAL LOLER EXAMINATION ONLY							
IS THE EQUIPMENT SAFE TO OPERATE:				YES NO			
Name of Company Approved and Qualified Examiner making this report:							
D. TRANTER/ S.BRAY	Signature	: D TRANTER	19-2	-2026			
E.C. DECLARATION OF	•						
Name and address of employer	of persons making a	and authenticating this report a	as per the header above				

REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT This report complies with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998						
DATE OF EXAMINATION: 19/02/2025 DA	TE OF REPORT:	20/02/2025	REPORT No:	MPL0152G		
Address of employer for whom the thorough	Addres	ss of premises at whic	ch the examination was	made:		
examination was made:						
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP				
Name:						
Description & Identification of the Equipment	Sa	fe Working Load(s)	Date of Manufacture if	Date of Last Thorough		
1-OFF SNAIL STAGE D.J. DECK PLATFORM			Known	Examination		
I.D. NO: 006		100KG	N/K	19-2-2024		
REG NO: B38 DOG						
YES Is this the first examination after the installation	NO Was the	e examination carried out	:	YES NO		
Or after assembly at the new site or location Within an interval of 6						
Within an interval of 12 n If the answer to above question is YES In accordance with the exist.			on Scheme	X		
Has the equipment been installed correctly	After the	After the occurrence of exceptional circumstances				
Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect						
	N	ONE				
Is the above an existing or imminent danger to persons *NOTE- This is a reportable defect:						
Is the above a defect which is not yet but could becom	ne a danger to p	ersons: (if yes state the d	ay) YES BY:	NO X		
Particulars of any repair, renewal or alteration requ	uired to remedy	the defect identified at	oove:			
	N	ONE				
Particulars of any tests carried out as part of the ex	xamination: (if	none state NONE)				
THOROUGH VISUAL LOLER EXAMINATION ONLY						
IS THE EQUIPMENT SAFE TO OPERATE:				YES NO		
Name of Company Approved and Qualified Examiner making this report:	T. 2	nich next thorough st be carried out:				
D. TRANTER/ S.BRAY						
		Y ON FILE AVAILABLE				
Name and address of employer of persons making and authenticating this report as per the header above						

REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT This report complies with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998						
DATE OF EXAMINATION: 19/02/2025 DATE	OF REPORT:	20/02/2025	REPORT No:	MPL 0152J		
Address of employer for whom the thorough	Address	of premises at whic	h the examination was	made:		
examination was made:						
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP				
Name:						
Description & Identification of the Equipment	Safe	e Working Load(s)	Date of Manufacture if	Date of Last Thorough		
1-OFF STAGE BOX		4000KG	Known	Examination		
6M X 4.5M		EVENLY	2021	19-2-2024		
I.D. NO: 011	I	DISTRIBUTED				
YES	NO Was the	examination carried out:		YES NO		
Or after assembly at the new site or location	Within an	Within an interval of 6 months				
	Within an	Within an interval of 12 months In accordance with the examination Scheme X				
If the answer to above question is YES		After the occurrence of exceptional circumstances				
Has the equipment been installed correctly						
Identification of any part found to have a defect which is a	or could becom	e a danger to persons a	and a description of the de	fect		
	NC	NE				
Is the above an existing or imminent danger to persons *	NOTE- This is	a reportable defect:		YES NO		
Is the above a defect which is not yet but could become a	a danger to per	sons: (if yes state the d	ay) YES BY:	NO X		
Particulars of any repair, renewal or alteration require	ed to remedy t	he defect identified ab	ove:			
	NC	INE				
Particulars of any tests carried out as part of the examination: (if none state NONE) *RECOMMENDED TO BE INSPECTED ON A SIX MONTHLY BASIS THOROUGH VISUAL LOLER EXAMINATION ONLY						
IS THE EQUIPMENT SAFE TO OPERATE:				YES NO		
Name of Company Approved and Qualified Examiner making this report:	Name of Person Authenticating this report:					
D. TRANTER/ S.BRAY	Signature:	D TRANTER	19/02	2/2026		
E.C. DECLARATION OF	CONFORMITY	ON FILE AVAILABLE	UPON REQUEST			
Name and address of employer of persons making and authenticating this report as per the header above						

REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT This report complies with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998							
DATE OF EXAMINATION: 19/02/2025 DA	ATE OF REPO	PRT : 20/02/2025	REPORT No:	MPL 0152			
Address of employer for whom the thorough examination was made:	Ado	dress of premises at whic	h the examination was	made:			
examination was made:							
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP		STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP					
Name:							
Description & Identification of the Equipment		Safe Working Load(s)	Date of Manufacture	Date of Last			
1-OFF STAGE BOX 6M X 4.5M I.D. NO: 008		4000KG	if Known	Thorough Examination			
BOX 2		EVENLY	2020	19-2-2024			
		DISTRIBUTED					
		-					
YES Is this the first examination after the installation	NO Was	s the examination carried out:		YES NO			
Or after assembly at the new site or location		x					
If the answer to above question is YES	e answer to above question is YES Within an interval of 12 months After the occurrence of exceptiona						
Has the equipment been installed correctly							
Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect							
		NONE					
Is the above an existing or imminent danger to persor	ns * NOTE- Th	his is a reportable defect:		YES NO			
Is the above a defect which is not yet but could becon	me a danger t	to persons: (if yes state the da	YES BY:	NO X			
Particulars of any repair, renewal or alteration req	uired to rem	edy the defect identified ab	ove:				
		NONE					
Particulars of any tests carried out as part of the examination: (if none state NONE) *RECOMMENDED TO BE INSPECTED ON A SIX MONTHLY BASIS THOROUGH VISUAL LOLER EXAMINATION ONLY							
IS THE EQUIPMENT SAFE TO OPERATE:				YES NO			
Name of Company Approved and Qualified Examiner making this report:	me of Perso	on Authenticating this report		nich next thorough st be carried out:			
D. TRANTER/ S.BRAY	Sign	ature: D TRANTER		2/2026			
	Č.	MITY ON FILE AVAILABLE	JPON REQUEST				
Name and address of employer of persons making and authenticating this report as per the header above							
Name and address of employer of persons making and authenticating this report as per the neader above							

52 Birch Road East, Witton Birmingham B6 7DB, Tel.. 0121 327 2233 Fax..0121 327 0299

REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT This report complies with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998								
DATE OF EXAMINATION: 19/02/2025	DATE OF F	REPORT:	20/02/2025	REPORT No:	MPL 0152A			
Address of employer for whom the thoroug examination was made:	h	Address	of premises at whic	h the examination was	s made:			
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP			STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP					
Name:								
Description & Identification of the Equipment		Safe	Working Load(s)	Date of Manufacture	Date of Last			
1-OFF M-STAGE 6.8M X 3.7M FITTED TO V MERC 814	EHICLE		3000KG	if Known	Thorough Examination			
I.D. NO: 005			EVENLY	N/K	19-2-2024			
REG NO: L678 GNA		D	ISTRIBUTED					
YE	S NO			I	YES NO			
Is this the first examination after the installation		Was the e	xamination carried out:					
Or after assembly at the new site or location			Within an interval of 6 months Within an interval of 12 months X					
If the answer to above question is YES			After the occurrence of exceptional circumstances					
Has the equipment been installed correctly			occurrence of exception	ai circumstances				
Identification of any part found to have a defect wh	ich is or co	uld becom	e a danger to persons a	and a description of the de	fect			
WIRE ROPE	DAMAGE	ED, RECO	MMENDED TO BE R	REPLACED				
Is the above an existing or imminent danger to per	sons *NOT	'E- This is a	a reportable defect:		YES NO			
Is the above a defect which is not yet but could be	come a dar	nger to pers	sons: (if yes state the d	ay) YES BY:	NO X			
Particulars of any repair, renewal or alteration r	equired to	remedy tl	ne defect identified ab	ove:				
		AS AE	BOVE					
Particulars of any tests carried out as part of the examination: (if none state NONE) *RECOMMENDED TO BE INSPECTED ON A SIX MONTHLY BASIS THOROUGH VISUAL LOLER EXAMINATION ONLY								
IS THE EQUIPMENT SAFE TO OPERATE	:				YES NO			
Name of Company Approved and Qualified Examiner making this report:	Name of Person Authenticating this report				nich next thorough ist be carried out:			
D. TRANTER Signature: D TRANTER 19-2-2026					-2026			
E.C. DECLARATIO	N OF CON	•	ON FILE AVAILABLE	UPON REQUEST				
Name and address of emp	loyer of perso	Name and address of employer of persons making and authenticating this report as per the header above						

52 Birch Road East, Witton Birmingham B6 7DB, Tel.. 0121 327 2233 Fax..0121 327 0299

REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT This report complies with the requirement of the Lifting Operations and the Lifting Equipment Regulation 1998								
DATE OF EXAMINATION: 19/02/2025	DATE OF F	REPORT:	20/02/2025	REPORT No:	MPL 0152A			
Address of employer for whom the thoroug examination was made:	h	Address	of premises at whic	h the examination was	s made:			
STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP			STAGE BUS MUCKLOW HILL HALESOWEN B62 8EP					
Name:								
Description & Identification of the Equipment		Safe	Working Load(s)	Date of Manufacture	Date of Last			
1-OFF M-STAGE 6.8M X 3.7M FITTED TO V MERC 814	EHICLE		3000KG	if Known	Thorough Examination			
I.D. NO: 005			EVENLY	N/K	19-2-2024			
REG NO: L678 GNA		D	ISTRIBUTED					
YE	S NO			I	YES NO			
Is this the first examination after the installation		Was the e	xamination carried out:					
Or after assembly at the new site or location			Within an interval of 6 months Within an interval of 12 months X					
If the answer to above question is YES			After the occurrence of exceptional circumstances					
Has the equipment been installed correctly			occurrence of exception	ai circumstances				
Identification of any part found to have a defect wh	ich is or co	uld becom	e a danger to persons a	and a description of the de	fect			
WIRE ROPE	DAMAGE	ED, RECO	MMENDED TO BE R	REPLACED				
Is the above an existing or imminent danger to per	sons *NOT	'E- This is a	a reportable defect:		YES NO			
Is the above a defect which is not yet but could be	come a dar	nger to pers	sons: (if yes state the d	ay) YES BY:	NO X			
Particulars of any repair, renewal or alteration r	equired to	remedy tl	ne defect identified ab	ove:				
		AS AE	BOVE					
Particulars of any tests carried out as part of the examination: (if none state NONE) *RECOMMENDED TO BE INSPECTED ON A SIX MONTHLY BASIS THOROUGH VISUAL LOLER EXAMINATION ONLY								
IS THE EQUIPMENT SAFE TO OPERATE	:				YES NO			
Name of Company Approved and Qualified Examiner making this report:	Name of Person Authenticating this report				nich next thorough ist be carried out:			
D. TRANTER Signature: D TRANTER 19-2-2026					-2026			
E.C. DECLARATIO	N OF CON	•	ON FILE AVAILABLE	UPON REQUEST				
Name and address of emp	loyer of perso	Name and address of employer of persons making and authenticating this report as per the header above						